

Domestic Wire Transfer Request

Debit Account	Amount	Date	Time	
Originator (ORG) - Custo	omer	Beneficiary (BNF) – For Cre	dit To	
ame:		Credit Account:		
expayer Identification Number	er (belonging to above name):	Credit Name:		
Physical Address (required):		Physical Address (if required):		
		For Further Credit (FFC/FB):		
Contact Telephone Number:		Additional Information For Beneficia	Additional Information For Beneficiary:	
Beneficiary Bank				
ank Routing Number:				
		Receiving Bank If Different	Than Beneficiary Bank	
nk Name:		Bank Routing Number:		
nk City & State:		Bank Name:		
		Bank City & State: ational) to initiate an outgoing wire transfer		
norize First National to charge I/We agree with First Nation First National shall have no available in the Debit Accou accepted by First National ulexecuted. First National will delay in giving notice of reje representation that the Instruction is for payment of received by First National af transmitted by First National	e the referenced Debit Accournal as follows: obligation to execute the abount at the time the wire transferentil it has been executed by Fruse its best efforts to notify the ction will not constitute an accuration has been executed by y, this Instruction must be recovered by the stated cut-off time or out the next day on which both Frust as follows:	lational) to initiate an outgoing wire transfer of the Amount indicated plus the application of the Amount indicated plus the application of the transfer request (Instruction) if sufficient is to be executed, when a Debit Account first National; and, First National may reject the Originator of its rejection of the Instruction and shall not be	cient collected funds are not is used. The Instruction is not it the Instruction before it is on. First National's failure or deemed or relied upon as a prevailing Alaska Time. If this ig Alaska Time. Instructions (FedWire) is not open, may be	
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Date



Date

Bank Use Only – Domestic Wire Request

Data Entered By:		Data Entry Verified By:			
	/ire Transfer Transact t Approved By (if applicable	tion Limit: e):			
-	Payment Method & Customer Relationship: Complete this area when wire is not fully funded from a single checking, savings or loan account or when an IES block is used.				
Paid By:	☐ Cash ☐ Loan ☐ ☐IES Block #	FNBA CC/MO	/n on account (ESC, M/C, Loan, COD, SDB, etc.)		
Remarks					
OFT Confir	mation:	eason:			
		Supervisor Signature:			
		When Required			

